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Subject: Testimony for SB 36
Attachments: GB 36 testimony.pdf

Attached is my testimony for SB 36. Please let me know if there is any difficulty in opening the attached document.

Thank you!

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Psychiatric-Mental Health Nurse Practitioner

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Testimony Supporting Senate Bill No. 36: An Act Concerning the Governor's Bill to Improve Access to Healthcare

Senator Gerratana, Representative Johnson and Members of the Public Health Committee:

I am a recent graduate of Yale's School of Nursing and have been working within a community mental health center since July 2012. I am one of four medical providers at my agency who work to assess, diagnose and treat children with mental health needs. Our medical team consists of two nurse practitioners and two psychiatrists where collaboration is sought based on experience related to the clinical question rather than to which degree the individual holds. In practice, I assume primary responsibility for the assessment and treatment for my patients. I reach out for support, consultation, and collaboration internally and externally, as needed.

I write to share my strong support for the Senate Bill No. 36 as the proposed language meets our state and national government's shared goal of increasing access to healthcare for all. By allowing for independent practice among nurse practitioners (NPs), it is possible that more NPs would elect to create their own practices to meet the emerging demand for healthcare. As the law currently stands, NPs who have the experience and interest in creating private practice office are limited by their ability to seek, and sometimes pay for, a collaborative practice agreement with a physician. Furthermore, a collaborative practice agreement may become in jeopardy should the collaborating physician pass away, move, or retire. This could result in an entire cohort of patients losing their healthcare because a collaborative practice agreement is now void.

The collaborative practice agreement appears to more of a procedural barrier than one that truly insures quality patient care. All healthcare providers, regardless of their training, are held to a standard of providing clinically appropriate and ethical care to their patients. It would be negligent to believe that with more autonomy, NPs would stop appropriately consulting and collaborating with peers or other specialties, as needed. Furthermore, despite the preponderance of states with collaborative practice laws, there is little evidence to support that these legal agreements result in better health outcomes.¹ Indeed, studies have found that nurse practitioners perform as well as medical doctors within their specialty field.²

Since 1989, Connecticut has been adjusting its Nurse Practice Act to increase the independence of registered nurses and nurse practitioner so that we may practice to the full extent of our training and education. In 1999, Connecticut became one of the first states in the country to allow for nurse practitioners' current level of autonomy. I am hopeful that the work of nurse practitioners over the past 15 years has proven to our legislative body that we are capable of executing patient care safely.

¹ See Institute of Medicine's 2010 report: *The Future of Nursing: Leading Change, Advancing Health*.

² See Robert Wood Johnson's policy brief from October 25, 2012: *Health Affairs*, "Nurse Practitioners and Primary Care" which references an internally conducted meta-analysis of 26 studies on the consistency of healthcare outcomes between nurse practitioners and physicians.

As the state and federal government aim to prioritize increasing access to healthcare, it is important to identify systemic barriers, such as this state's current collaborative practice agreement requirement, and address it as the Governor's Bill proposes.

I thank you for your consideration into the matter.

Taby Ali, APRN
Family Psychiatric-Mental Health Nurse Practitioner